Complete and mail this form, together with application

**Box ISSUE FEE** 

es. to:

**Assistant Commissioner for Patents** 

35 USC 154(b) term ext. =

Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Malling** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on PM92/1122 the date indicated below. JOHN W. HARBST 1180 LITCHFIELD LANE BARTLETT IL 60103 John W. Harbst (Depositor's name) (Signature) Pebruary 7, 2000 (Date) APPLICATION NO. FILING DATE **EXAMINER AND GROUP ART UNIT DATE MAILED** 08/938,909 09/26/97 030 BATSON, 3671 11/22/99

TITLE OF INVENTION EXCAVATING TOOTH ASSEMBLY

LAUNDER,

ATTMC DOCKET NO

First Named

Applicant

ATTY	'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE		SMALL ENTITY	FEE DUE	DATE DUE
<sup>*</sup> 3	30496.00.0	017 037-45 <b>7.</b>	.000 ES	3 UTI	LI	TY YES	\$605.00	02/22/00
Use of PTO form(s) and Customer Number are recommended, but not required.  (1) the name attorneys or the name of Correspondence Address form PTO/SB/122) attached.  (1) the name attorneys or the name of Correspondence Address form member a mand the name of th						the patent front page, list up to 3 registered patent its OR, alternatively, (2) single firm (having as a erred attorney or agent) up to 2 registered patent is. If no name is listed, no ed.	1 John V	V. Harbst
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE H&L Tooth Co.  (B) RESIDENCE: (CITY & STATE OR COUNTRY) Tulsa, Oklahoma  Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual Scorporation or other private group entity opvernment					Advance Order - # of Copies 10  4b. The following fees or deficiency in these fees should be charged to:  DEPOSIT ACCOUNT NUMBER  (ENCLOSE AN EXTRA COPY OF THIS FORM)  I Issue Fee			
individual Corporation or other private group entity government Government The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the the Issue F						Advance Order - # of	Copies	88
(Authorized S	signature)  Lid  Sizue Fee will not be accepte assignee or other party	ted from anyone other than the in interest as shown by the rec	(Date) 02, e applicant; a regist	/ 0 7 / 0 0 tered attorney	Piioali			00000159 08938909 605.00 30.00
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231								
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						.0/2000 VVANEZ C:242 C:561		
		1	RANSMIT THIS	FORM WITH	FEE			02/ 01   02

0 Days.